| | • | | |
|--|--|--------------------------------|------------------------------------|
| PLACE OF BIRTH | ARIZONA | STATE BOA | RD OF HEALTH |
| trict of | BUREAU OF VITAL | STATISTICS | State Index No. 166 |
| no thoughten | ORIGINAL CERTIFIC | | County Registrar No. 37/ |
| n or | • | •** | Local Registrar No. 3/ |
| or , of | No | | its NAME instead of street and nur |
| 1 | (If birth occurred in a hospit | CTEIN D.E. | If child is not yet named, |
| Pull name of child OUMAN | s success | 6. Legitimato? | supplemental report, as dir |
| Ser of Child To be answered ONI in event of plural births. | Y 4. Twin, triplet or other 5. No., in order of birth | 11. | 7. Date of birth Monthly day y |
| <u>carc</u> | | | MOTHER |
| il name | (STEW BAR!) | i Sufficare | |
| Jury Su | rair | // | 1/- 1/ |
| Residence (Usual place of above) | John " | Residence (Usual place of s | abode) Hayoux |
| If nonresident, give place and state | ung | If nonresident, give I | piace and staffly over |
| . Colgr or gace | 16. | Color or race | |
| Shift II. Age at in | st birthday (Years) | thit | 17. Age at last birthday 3 3 (1 |
| Sal | | Birthplace (city or | annen |
| Birthplace (city or place) | Murieo | (State or country) | Southand |
| (State or country)/ YUUU | | 11 | 21.11.11 |
| Nature of industry | m " | Occupation Nature of industry | ounou |
| Varett of Disease) | | A | |
| Number of children of this mother | (a) Bern alive and now living | the last | precantions taken against sph- |
| ken as of time of birth of child herein iffied and including this child.) | (b) Bern alive but now dead | 0 | Jes |
| CERTIFI | CATE OF ATTENDING PH | HYSICIAN OR MIL | WIFE* 15 |
| ereby certify that I attended the birth | of this child, who was / // (Born a | live or stillborn.) | at Office on the date above of |
| *When there was no attending physicis idwife, then the father, householder, | and chai | list | usty Ms. |
| idwife, then the lather, nousencloser, hould make this return. A stillbern one that neither breather nor shows | child > | I faydew. | Physician or midwife) |
| ridences of life after birth: en name added from | Address | | 1500 |
| applemental report | | ly 3/ 1024_ | Diesi Berintege. |
| | Fylled | 4 6 . 1.24 | Ca fety Registrar. |
| Registrat. | | • | Calify Regultrar. |
| 123-726-46 | 8 | * | |
| J , - W , | • | | · . |